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Bib Data Sheet

CONFIRMATION NO. 1039

SERIAL NUMBER 10/668,686	FILING DATE 09/23/2003 RULE	CLASS 455	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 1033-SS00414
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APPLICANTS

Larry B. Pearson, San Antonio, TX;
J. Bradley Bridges, San Antonio, TX;

** CONTINUING DATA *No use*

** FOREIGN APPLICATIONS *No use*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS
34456
TOLER & LARSON & ABEL L.L.P.
5000 PLAZA ON THE LAKE STE 265
AUSTIN, TX
78746

TITLE
Location based call routing for call answering services

FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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